## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to:  $\frac{\text{Mail}}{\text{Mail Stop ISSUE FEE}} \\ \text{Commissioner for Patents} \\ \text{P.O. Box 1450} \\ \text{Alexandria, Virginia 22313-1450} \\ \text{or } \underline{\text{Fax}} \\ \text{(571)-273-2885}$ 

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless corrected maintenance fee notification	below or directed oth	nerwise in Block 1, by (a	a) specifying a new corres	pondence address;	and/or (b) indicating a sep	parate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
42532	7590 01/25	/2010	nave				
PROSKAUER ROSE LLP ONE INTERNATIONAL PLACE BOSTON, MA 02110				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
			[			(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/537,446	11/09/2005		Reinhard Wormuth		20496-481	1877	
TITLE OF INVENTION:	LUBRICANT COATE	DSHEET METAL WITH	H IMPROVED DEFORMA	ATION PROPERTI	ES		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	E DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/26/2010	
EXAMIN	VER	ART UNIT	CLASS-SUBCLASS				
GOLOBOY, JAMES C		1797	508-162000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attorney or a contract of the contract o	1. For printing on the patent front page, list 1) the names of up to 3 registered patent attorneys r agents OR, alternatively, 2) the name of a single firm (having as a member a gistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.			
(A) NAME OF ASSIGN ThyssenKi Deutsche	ss an assignee is identi in 37 CFR 3.11. Comp NEE Cupp Stahl BP AG	ified below, no assignee oletion of this form is NO	data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY Duisburg, Hamburg,	atent. If an assigne assignment. and STATE OR CO Germany Germany	OUNTRY)	document has been filed for	
4a. The following fee(s) and Sissue Fee Publication Fee (No Advance Order - # 6	small entity discount p	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3081 (enclose an extra copy of this form).				
5. Change in Entity Statu  a. Applicant claims	`	,	b. Applicant is no long	ger claiming SMAL	L ENTITY status. See 37 C	FR 1.27(g)(2).	
NOTE: The Issue Fee and interest as shown by the re-				ne applicant; a regis	tered attorney or agent; or t	he assignee or other party in	
Authorized Signature	Debach?	m. Ohn	<del></del>	Date <u>Apri</u>	1 21, 2010		
Typed or printed name	Deborah M.	. Vernon		Registration No	o. <u>55,699</u>		
this form and/or suggestion	ns for reducing this bur ginia 22313-1450. DO 3-1450.	NOT SEND FEES OR (	COMPLETED FORMS TO	THIS ADDRESS.	SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and ime you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450, I number.	